



Information Institute Visiting Faculty Research Program



FACULTY APPLICANT INSTRUCTIONS

- **Include a description for each topic you are applying for (Required):**
- **Your research proposal document should be no longer than 3000 words**
(approximately 4 single spaced pages, submit as separate attachment).

Observe the following formatting requirements for the document:

1. All submissions must be prepared separately in **PDF format** using a word processing program in a standard typeface no smaller than **12 point font**
2. Include your full name in the header of each page
3. Number the pages in the body of the document

- **Description of the proposed research must include the following:**

1. Statement of problem
2. Background and relevance to previous work
3. General methodology and procedure to be followed
4. Explanation of new or unusual techniques
5. Expected results and their significance and application
6. Literature citations where appropriate

Please submit a copy of your CV or resume either in Microsoft Word or PDF format.

1. Save this application for your records by selecting **Save as a PDF** to your desktop.
2. Submit your application and CV/Resume as follows:
 - a. Click the Submit button at the bottom of this form
 - b. Attach your research proposal in an e-mail and send.
Encrypted e-mail is recommended for your additional protection but not required.
3. **Before saving & submitting your Application and Research Proposal PLEASE REVIEW FOR ACCURACY.**

If you have questions about submitting this form or proposal please contact the Information Institute at:
rrs.iiweb@us.af.mil or call **(315) 330-4775**

DEADLINE FOR SUBMISSION: January 23, 2015



Information Institute

Visiting Faculty Research Program — Faculty Application

FACULTY

FACULTY APPLICANT INFORMATION

First Name:		Last Name:	
Address:		City:	
State:	Zip:	Email:	
Telephone No.:		Cell Phone No.:	
University:			
Department:			
Address:		City:	
State:	Zip:	Email:	
Discipline:		Current Position:	
Country of Citizenship:		Date of Birth:	Alien Resident No.:
Social Security No.:		Date Naturalized:	Expiration Date:
Birth City:	Birth State:	Birth Country:	

RESEARCH TOPIC AND ADVISOR

First Topic:		
Second Topic:		
Third Topic:		
Expected Start Date:	Expected End Date:	Number of Weeks:
Do you live more than 50 miles from the preferred research site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you bringing a student with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NOTE: Answer are mandatory, if you cannot answer a question please enter N/A into text field. Thank you

STAFF ONLY

	Visitor Request	SOW	Handbook	Acceptance	CV/Resume	Driver's License
Date Doc Request Sent:						
Date Doc Recieved:						
Date Forwarded:						